MANY VOICES

WORDS OF HOPE FOR CLIENTS WITH MPD AND DISSOCIATIVE DISORDERS

Vol. I, No. 1 | February 1989 | ISSN1042-2277

Welcome to *Many Voices!* We're glad to be here for you!

This 12-page issue is a bonus to thank you for being gutsy enough to take the plunge, with me, into the unknown. Future issues may be fewer than 12 pages, but *never* less than six. It all depends on the quality of material received and how much it is condensed.

A special surprise was the letter reproduced below, from Dr. Cornelia Wilbur, therapist to "Sybil", and one of the pioneers in developing useful treatments for MPD and dissociative disorders. Her words are full of hope for us, and are *deeply* appreciated. — LW

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November 22, 1988

Many Voices
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For the Therapist Page:

I would like to make three points for every Multiple Personality Disorder patient to cling to in times of crisis and stress.

1. If you have a therapist who is helping you and you stay with that therapist you will eventually recover, completely. The end point for Dissociative Disorders is recovery.

2. There is no doubt about your intelligence. No matter how stupid you may feel or how stupid you have been made to feel, each of you has the intelligence that is above average. You can depend on it.

3. You are not guilty of anything that has produced depression, fear, dissociation or any other symptom. Often, many of you have been told that you were bad. The fact is that you were victimized, not bad, so guilt can be dismissed as you understand the situation into which you were born and tried to develop.

My very best wishes for all of you in your struggle to recover. Keep working.

Cornelia B. Wilbur, M.D.

CBW:jbb

Enclosure

Contributors wanted!

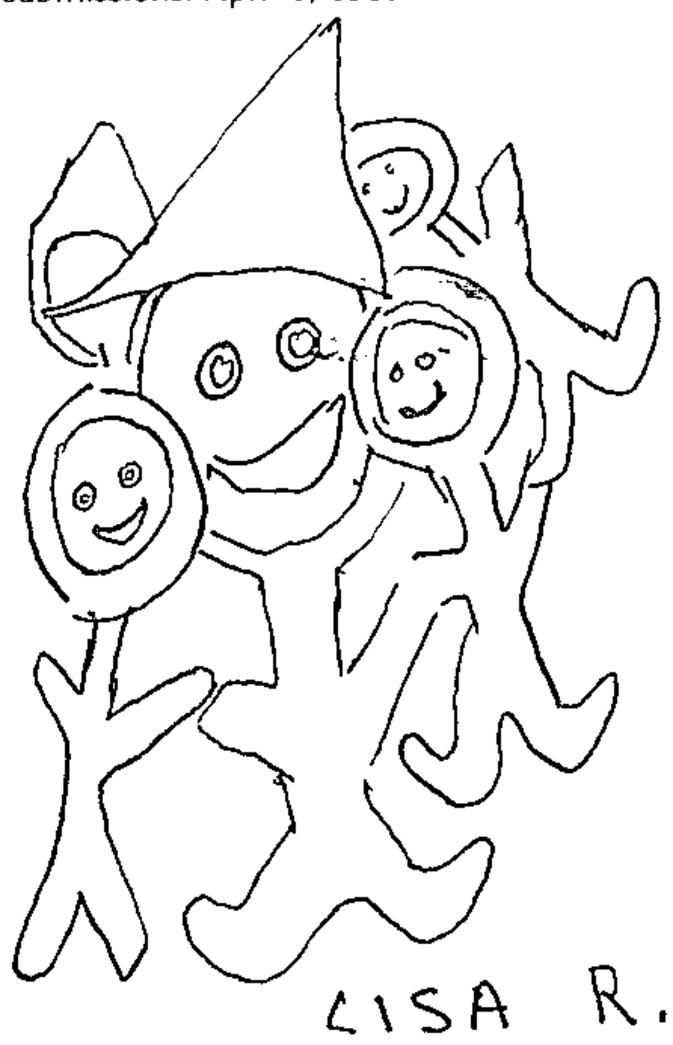
Next issue, we hope to focus on ways to reduce the power of self-destructive tendencies. This includes, but is not limited to, suicide acts or threats. Repeated undermining of goals or therapy, while not life-threatening, can be very frustrating. Please help us help others! Share what has worked for you!

April 1989

If you have a personality, alter, or mood that hurts your body, how are you learning to work with it? Can you identify 'early-warning signs'? Do you have inside or outside 'safety-nets' or safe places? ART: Draw you and your therapist working together. DEADLINE for submissions: Feb. 1, 1989 — Extended to Feb. 25!

June 1989

Do your "people" talk to each other? Do they communicate in other ways? Describe an effective communication experience. ART: Draw your internal communication system or place. DEADLINE for submissions: April 1, 1989



Many Voices (ISSN1042 2277) is published bi monthly at Cincinnati, Ohio Copyright © 1989 by MV Co All rights reserved Editor/Publisher, Lynn W Mailing address for all subscriptions, manuscripts and correspondence is PO Box 2639 Cincinnati, OH 45201 2639 Subscriptions in U S , $30 for one year Elsewhere, $36 This publication is designed to be an information exchange for MPD and Dissociative Disorders Neither its editor nor its layperson contributors are engaged in the practice of medicine Persons with dissociative disorders should consult with competent professionals to approve all treatment strategies

(Notice that Nancy G. uses a small 'i' to define the self that is writing. Do you have ways to differentiate between your selves on paper? Did you originate these methods before or during therapy? Please write and tell us about it. — LW)

The Journey of a Thousand Miles Begins With the First Step

By Nancy G.

i never knew what dissociation meant before therapy began.

i knew that there was something wrong with me, that set me apart from others. There was an almost constant battle going on in my head. Voices, telling me to do things to myself, to hurt myself. i had heard these voices all my life. i can't remember ever not having heard them. My mind was shattered in so many ways. Only bits and pieces of memory were intact. There were big gaps of time that i could not account for.

i just couldn't figure out how i could excel at school and work and still be such a "basket case." My friends and co-workers called me the "ding-bat" because they would tell one personality something that the other personalities would be unaware of. It was very confusing for everyone and we tried to cover it all up as best we could. Usually, it was with a "i guess i just forgot" (When in reality we didn't remember at all.)

The nights were when the real horror began. As soon as darkness descended, my "sanity" seemed to leave me. The hours between dusk and dawn were a total nightmare. i began to dread the nights for what they brought upon me. i didn't know who i was (am) or where i am. i begin to feel unreal. The scenes would change. i was 2,4,6,8 years old and then, just a baby. Time passes. Hiding in the corner afraid if anyone comes near me, i scream. i rush around, searching, hiding. Trying to escape, but from what? Sometimes, i'm in Seattle, Houston, Dallas, Chicago, or San Francisco — any of the numerous cities i grew up in.

i would feel unreal. Scenes from the past would flash before me. Time passes but it has no meaning for me. Trying to hang onto reality, i'm desperate. i need a number, a name, someone or something to bring me back to this world. Someone to keep me tied to this world, so i wouldn't get swallowed up into this never-never land, a dark abyss that is a world of my own, and no one else's.

Amid this all, i reach out for help, but no one is there. The blood flows, no pain. Other things would happen to me — bruises, burns — some visible, but most are not. This was all done to help me stay in this world, to tie me to the present reality.

If ever i dared to close my eyes, immediately i'd dream of horrible, terrible things that seemed very real to me. i'd force myself to wake up to "save myself."

But finally, exhaustion would overtake me and i'd crash in a heap somewhere and awaken anew with daylight signaling to me that i am still in this world. i am still alive.

i pull myself together. i glue the shattered pieces together and go on living as though the night did not exist. The terror is now behind me. i spend my daylight hours trying to avoid at all costs reminders of the night, disconnecting all emotions from what i say or have to do, concentrating on being there for my daughter, Michelle.

People would tell me to forget about the past. They would say things like, "Haven't you gotten over that yet?" But it seemed that we were caught in this unexplainable predicament where past, present and future all blended together. My time was out of sync with everyone else's. i was furious at myself for not "being more together." For not being able to let go of the past and put it all behind me, like other people claimed to be able to do. i thought maybe i'm not trying hard enough. And then the voices would mete out various punishments for not being "good enough."

Then, there were the horrible headaches, when things seemed to become "too much" for me. The eerie feeling of being there and yet, not being there. In fact, i wasn't sure where i was.

Sometimes it resembled looking down a long pipe at someone, who looked like me, doing strange things. i would wonder. i would think, "who is that person? It can't be me. i would never do those things. But why does that person look so much like me? And why do all those people i know seem to act like they know her too? Who is this intruder?"

The name "dissociation" helped to explain the unexplainable in my life. In the beginning of therapy we of course didn't know what was wrong with us. i had always tried to find the answers to my problems in books. When we came across some psychiatric disorder that resembled our problem in any way, we'd present that diagnosis to our doctor. Time after time, she'd shake her head and tell us no, that was not it.

Finally, we ran out of diagnoses, and so i asked her, "Well, what is wrong with me anyway?"

(continued on page 3)

(JOURNEY *cont'd*)

She said something about dissociation. i hadn't ever heard of any such word and so i asked her "What is that?"

And then, she told me. i felt as though someone had punched me, knocking the breath out of me. i was shocked and horrified at the same time. It took quite some time to adjust to that diagnosis.

Finally i had an answer to a question i had been in search of all my life. There was no magic pill, no book that could cure me as i had hoped. It was going to take a lot of hard work, she told me. We agreed to go on this journey together, no matter how long it would take and no matter how frightening or treacherous it would be. (It has been all of the above and more.)

But in the five years (my, it doesn't seem to have been that long. . .) my life is completely different. Not perfect. In fact, we are still a long way from a "cure." But things have improved *immensely.*

More of the day belongs to Nancy. The memories are more intact. Most of the pieces of the puzzle are available to us for use in therapy. i don't live in total despair with almost continuous thoughts of suicide.

More of my time has been freed up, to really be me. MV

THANKS

Contributors to this issue deserve a special "Thank You." But to those who could not contribute: *readers are also important.* We are all in different stages. Some feel like communicating with the world. Others are busy learning to communicate with our therapists or our selves. Everything we do to help ourselves will help the world around us. The healthier we become, the more we can do for ourselves and others.

— LW

Excerpts from a note that accompanied the poem below:

"The poem was written by Nest, one of our 117 alters, about two years before we revealed ourselves to Lori, our sole mediator in the outside world for the last twenty years (commonly known as the "host personality".) At that time we had been planning how to tell Lori about us and the secrets we held. Although we didn't define it in those terms, we have always known about dissociation and multiple personality. Only Lori was ignorant about what she was."

Prayer of the Forgotten Child

By Nest (1985)

Peering at life from the safety of a dream,
The forgotten hero of a child's fight for life
Prepares his own revenge against the world of men.
While the one who inherited the body, but not the mind,
Thinks that she alone is in possession of her life.
But she is mistaken, she is not the only one.
There are over eighty of us here inside her soul,
And for each of these forgotten children of long ago
There is but a single purpose, although different for each,
And that purpose is what controls and guides her life.
But she remains ignorant of us and thus doesn't understand,
While we get ready for the day when she shall know,
When the power of our purpose shall be released,
And the world shall acknowledge our existence and our triumph.
And *he* will know defeat at last and we shall fear no longer,
And she will know the wonder of the person who she is.
She will face the horror of the past she didn't share,
And the long forgotten children shall live again,
While the dream world they now inhabit fades into reality,
And the life they have relinquished again becomes their own.

— Submitted by Laura A.

Therapists' Page

By
Diane M. Vickery, M.D./Cincinnati

If you have been told that you have a dissociative disorder, you have probably asked yourself many questions.

Over a period of several years, it's likely that you have seen several therapists. During this time, you may have been told you were schizophrenic or depressed, or both. Most therapists were not taught about dissociative disorders and the abuse which predisposes to them. Most of our teachers did not know much about the subject. Your therapist probably learned about dissociation on his/her own, perhaps with the help of other therapists, books and articles, special conferences and study groups.

You probably wonder if you are already crazy or if you are going to go crazy. Your life may be in a state of chronic chaos and crisis. You may still have some difficulty accepting your dissociation. If you secretly wished (or wish) for a "quick-fix" diagnosis you are not alone.

You may wonder why you "did so well" for a while in your life and then suddenly became symptomatic to the point that you could no longer deny your need for help.

Even after months or years in therapy you may sometimes wonder, "Am I making this all up?"

For most of you it took time to become so fragmented. It will also take time to heal.

Boundaries will be an important therapeutic issue. Because your personal boundaries were not respected at crucial times, you may be unclear about them, and about others' as well. Violations may have been so serious and/or frequent, that the concept itself may be difficult to understand. You may not even feel entitled to *have* boundaries! If there are people in your current life (and there probably are) who do not respect your boundaries, the issue is even more confusing.

You and your therapist will need to work out the details about length and frequency of therapy sessions and phone calls, among other things. Sometimes a therapist, usually new at treating dissociative disorders, will have the kind but grandiose delusion that a huge investment of time and energy will result in rapid healing. This may be associated with the unrealistic desire to "undo" wrongs that were done to you.

Such initial intense overinvolvement often results in exhaustion and frustration on the part of the therapist, and a feeling of rejection by the patient, sometimes accompanied by a self-destructive act or suicidal crisis. If you and your therapist are already over-involved in this way, it will be important for you both to talk honestly about your needs and capacities. If this is not done, the therapy will burn itself out. Even worse, a pattern of self-destructive attempts on the part of the patient, and rescue attempts on the part of the therapist, may evolve. This is a contest with high stakes and no winners.

One boundary that cannot be broken is the sexual one. Sexual activity or repetition of abuse is *never* part of good therapy. If you are in a sexual relationship with your therapist, or one which bears seeming or actual resemblance to previous abusive situations, your therapist needs help, and cannot be of true help to you. You must seek a new therapist.

Just as you struggle with disbelief and overwhelming emotions, so your therapist has to confront his/her own feelings about what happened to you. As therapists learn how to effectively treat dissociative disorders, they commonly go through an uncomfortable period which may include disturbing dreams and re-emergence of memories of their own traumas. (This is a part of the therapist's personal and professional growth and *is not your fault.*)

The urge to make "reparation" frequently arises as barriers suppressing memories lose strength. It is human nature to have the urge to hurt or kill one's abusers. (In fact, this is an issue therapists often struggle with themselves, as they become aware of their patients' pasts.) However, revenge simply continues the abusive cycle, while offering the potential of halting therapy as the patient basks in the ambiance of the criminal justice system.

Similarly, the desire to confront or seek solace from a perpetrator may arise. When considering such a step, it is important to understand that perpetrators are unlikely to recant or turn helpful when confronted with memories. Seeking solace from a perpetrator is not recommended and will, with rare exception, continue the abusive cycle.

If you want to help yourself in the healing process:

- MAKE and KEEP a no-suicide contract.
- Make an ABSOLUTE commitment to get well.
- Commit yourself to care FOR and ABOUT yourself.
- Set GOALS for your therapy.

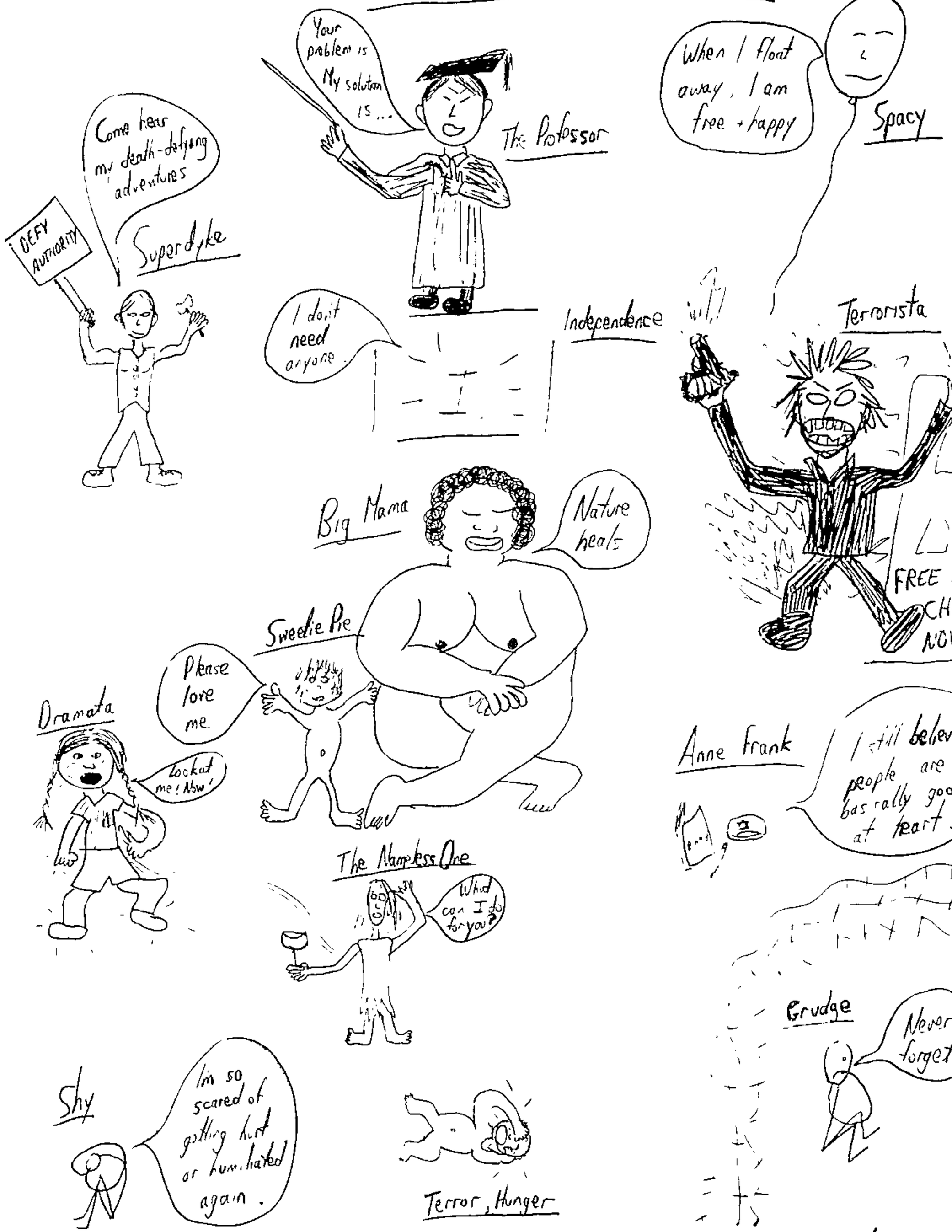
Examples of therapeutic goals are:

- To be neither perpetrator nor victim
- To be able to live in the world without unreasonable fears
- To stop living a fragmented, crisis-oriented life
- To find non-abusive friends (they do exist!)
- To accept responsibility for your own life from now on

You cannot change the past but you *can* change the future.

Our Therapists' Page is an invited column. If you are an experienced therapist and wish to contribute to this space, send us a page describing your background in treating dissociative disorders, and the subject you would like to cover. Our professional "helpers' will guide me in choosing contributors. — LW

Personalities of an Incest Survivor



SUBMITTED BY 'K.'

Learning about Dissociation

By Susan P.

I am a 22 year old female, living in a small college town in Michigan. I learned about dissociation in April of 1988. Upon returning to my therapist after 6 months of "quit" time, I received the diagnosis.

I talked about it with my therapist at my first session back, and at my next session, different "parts" were presenting themselves to her and beginning to share their stories.

The diagnosis of MPD was of no great shock to me. "We" had all been becoming increasingly aware of each other for at least one year. We quit therapy out of fear: fear of exposure, fear to share, fear to learn too much from others, fear to trust our therapist, and fear of what we might find out about others, and especially ourselves.

But that "quit" time was needed. It had to have been needed or else we wouldn't have taken it. I stress in all I do that it must have been done for some reason — known or unknown. For example, no therapy session is *ever* wasted, because even if we only sit in silence, I believe it was needed. Someone needed to do that — sit in silence and see the therapy room and feel the therapist's presence. Similarly, the "quit" time we took was needed — it had to be.

Ever since my return in April, therapy has been a whole new ballgame compared to my previous two years of therapy. It has been more intense and more frightening, but also, it has been more relaxing — in the fact that finally everyone can express themselves as themselves, and be accepted as such.

I often get caught up in the busyness of today and the memories being explored by different parts — so much so at times that I lose track of the reality of my progress. Tremendous gains have been made in the past 7½ months. It is this knowledge and realization that gives me encouragement as I face the numerous boulders ahead in my path to completeness and wholeness.

One step of progress that I have made concerns the basic expression of oneself. It took me 6 months to admit that I quit therapy due to fear of what I might find out. That day in April when I said, "I quit last October because I was scared," was one of the most frightening days I've had in therapy. Since that day I have come to be able to admit more and more about my feelings and actions, including anger, fear, guilt, sadness, and the need for care and comfort.

Another step of progress that I continue to make is in piecing my life together. Making the connections to see why I acted "like that," how did a particular part come about, etc., has been a continuing experience since my diagnosis. The piecing together of events, memories, actions, and feelings of today comes to me through sharing between my parts. We all listen to the others as much as we can be around, especially during therapy sessions. We all write, and write, and write, almost each day, to share anything that may be happening within us. We read the writings later. We accept each others' strengths and weaknesses, and allow the easily-tired and stressed to rest in their safe place or hollow, as needed.

What I find of greatest importance in dealing with each other is *respect*. Just as one expects respect from one's therapist, one should also expect and receive respect from the other parts. Respect for who they are, why they came, what their role is — and most importantly — respect for their fears. Each part must realize that just as their own fears are *so* real, *so true, and so* there — so are the fears of others! Through this type of respect within me and for me — for *all* of me — I have grown in progress. I have grown to the level where we each begin to see that *our* fears are so closely related to the *other's* fears. For it is through respect for *other's* fears that we all have begun to respect our own fears! And this is a point that had to be reached within myself for me to begin to deal with, confront, and see my fears. Respecting *my* fears — that is, accepting them as they are without exception, and without belittling them, has helped me to believe my fears, to believe myself, and to believe all I remember, even when it seemed so unlikely and so inconceivable.

I can now accept what I know, what I feel, and what I experienced as a child. I respect myself.

And assuredly, I have my days when others — less confident and hopeful than myself — are present. But I *respect all of them* — their fears, lack of hope, lack of confidence. I respect each of them in all ways. And they know it. And so we continue to grow together, on toward wholeness. **MV**

Thoughts

I'm never too old to try something new. — A.K.

Groups

Therapy groups for MPD-related problems require special handling. Imagine 10 "bodies", but 100's of "people". . .things can quickly get out of hand.

However, we've learned of some groups for clients with MPD and/or dissociative disorders that are reportedly "working". *MANY VOICES* cannot validate the quality of these groups, but we thought you'd like to know about them.

There is an active special interest group in New York City. It is a 12-step program formed under the umbrella organization, Survivors of Incest Anonymous (SIA). A participant says "We have been meeting since March, 1988, and so far it has been very successful. As a result of this group, many people have been able to recognize and accept themselves as multiples and explore it further."

Ohio has at least three groups operating at this time, in Cleveland, Akron, and Cincinnati. The Cleveland group was founded in 1980, and is still going strong. In Akron, a small group has been operating since July 1987, led by a psychologist and an LISW. Its six members were chosen from the client-list of its leaders, and are all high-functioning. A criteria for joining this non-fee group is continued individual therapy by its leaders, which permits on-going monitoring of clients.

In Cincinnati, a fee-based group was formed in 1988, led by a psychologist and her supervisee. It began with some fairly high-functioning MPD clients, discussing structured topics. After the planned series finished, members wanted to continue meeting. The new group is functioning more as a "group therapy" experience. It is too early to tell how this will work out, but members seem very optimistic.

We also learned of a nationwide volunteer network headquartered in Chicago: VOICES in Action, Inc., for survivors of child sexual abuse. Its philosophy is "You are not alone. You are not to blame. You are completely good. . .and always have been." For more information, write to P.O. Box 148309, Chicago, IL 60614, or call (312) 327-1500.

MANY VOICES would like to hear of other organizations which have been useful to you, and which might be useful to others.

We would also like our therapist-subscribers to comment on the pros and cons of groups (self-help or professionally-managed) for MPD and dissociative disorders. Again, we'll run these comments, in excerpt form, when we receive enough material of interest. —LW

Smiles

If we're multiples, then they're monotones.

— K.

Recovering

By Rita M.

Q. How do you know if/when you're getting better?

This is an excellent, and often asked, question! Progress in therapy is often very slow, and seemingly non-existent, especially in the discovery phase of treatment (ie, the period of time during which most traumatic events are remembered.) It just seems like one thing after another, with no end in sight. However, during each step of the process, as each single memory is resolved, there is improvement.

Clues to look for are: not overreacting to everyday situations, as one has in the past; being able to go places or do things one previously could not do out of fear; learning to trust (or not trust) appropriately; not reacting to triggers that previously caused anxiety attacks; being able to set limits or boundaries with others and for yourself; finding that one reacts less to people who remind one of an abuser (ie, so-n-so is *just* like my mother, father, etc.;) not feeling fearful *all* the time; getting good nights of sleep; really enjoying one's day; feeling content and peaceful inside.

Like most children from abusive families, MPD's learned one can take *nothing* for granted, and never learned the concept of delayed gratification. "I want to be well NOW!" — does this sound familiar? Unfortunately, the process of healing is slow and takes *much commitment to keep working.*

There is no quick fix in therapy. It didn't take a few weeks to develop MPD as a survival mechanism, and it won't go away in a few weeks! Those who persist in wanting the quick fix or believing it will happen for them will always be disappointed. Such clients may eventually see therapy as a waste of time or blame the therapist for not "fixing" them faster.

Remember, the therapist is only the guide; he or she cannot do the work for the client. The more the client invests in his or her therapy (energy, concentration, etc.,) the more quickly therapy will progress. Translated: work hard and you'll get better faster.

Most importantly, clients need to remember to look for the small gains that show they're improving, even if it's only being able to order a meal in a restaurant without an internal 15-minute debate over the menu! **MV**

Rita M. is a Licensed Independent Social Worker and Certified Alcoholism Counselor (LISW,CAC), and is also a recovering MPD client. She functions at a very high level (after much therapy) and is "integrated". MANY VOICES is pleased to have her help us provide the special viewpoint of a recovering, knowledgeable, MPD client/therapist. Readers may send questions to Rita, C/O MANY VOICES. We'll use as many as possible. — LW

(There are some touchy subjects raised in this story, but the ending is worth it. If you want reassurance, read the ending first. — LW)

Late December Morning

By Jessica Turner*

As I slowly woke up this sunny, late December morning, I felt peaceful, calm, normal.

I was thirty-six years old, with a husband, two kids, a part-time job and a house in the suburbs. On the surface, my life was very, very normal.

But that's on the surface. As I woke up a little more, others inside me also awoke.

I am a multiple; my self has been fragmented into nearly sixty separate alters by a terror-ridden childhood that I scarcely remember.

"Good morning, Casey," I silently greeted one of the alters I knew very well. "How's everyone doing this morning?" That was far from an idle question. We have been suicidal over much of the past week, including Christmas, and Casey frequently has a better sense of how the others are doing than I do.

"Doing fine," Casey replied. "Looks like Linda will get the break she needs." Linda, therapist and close friend, was becoming exhausted after a week of crisis. Late night and early morning phone calls in addition to the almost daily sessions were leaving her drained.

"Does that mean what I think it means?" I asked.

"I think so," Casey replied. "Compliance."

Compliance. That thread that runs through all of us, to do what others want. In most of us, it is not even conscious — we respond to what others want, even sorting out their priorities and responding to the greater need, without even being aware that we are doing it. In this case, we sensed Linda's wish for a respite from the crisis by simply suspending whatever was driving us to suicide by the far deeper need to respond to those around us. We will be cheerful, relaxed and happy because Linda wants us to be. I know from experience that it will be superficial and fragile, but we will hold it together as long as we have to.

Another "voice" broke into my thought. "Do we have time to study Hebrew today?" Sara, a twelve-year-old Jewish alter, always seemed eager to study.

"I'll do my best to find some time," I replied. I am a Christian, converted at the age of nineteen. (My parents are Unitarian.) My faith has sustained me through some rough times. I had been surprised to find Sara, the first of a number of Jewish alters, and had expected her to "convert" to what I felt was the true faith. Instead I have had the rare opportunity to experience what it means to be a Jew from inside the minds of these alters.

As I got up, got dressed and started coffee, the internal dialogue continued, though now interspersed with external conversation as the members of my family mill about. It's Saturday.

"You're still bothered by Sunny, aren't you?" Casey asked. I'm pretty sure she knows how I feel, so this seems more like a way to open up the subject than an actual question. As usual, she was right.

Sunny was a three-year-old alter that Linda had talked with yesterday. It was not the fact that she was so young that bothered me. The first alter Linda had recognized had been five. It had just felt like a memory back then, as I relived a time when I hid under the porch to escape from Daddy. But "I" could continue to talk and think as a five-year-old, holding conversations with Linda and switching back and forth between two "mind-sets," the adult and child. It was interesting to "think like a kid," until Linda and the kid started talking about the existence of others. I got upset and the kid didn't. Suddenly the kid was obviously not me.
I freaked.

The kid became Honey, the first of many children. I bought her a doll, also the first of many, and other alters, seeing my (sometimes reluctant) acceptance, started coming forward.

It isn't Sunny's existence that bothers me. It is who she was and what that said about my/our childhood that bothers me.

I interrupted my thoughts to pour myself a cup of coffee, make sure my kids were eating breakfast and discuss plans for the day with my husband. They have learned that I'm not very social before coffee, so my preoccupation with internal thoughts goes unnoticed. I sat down with the coffee and stared unseeing at the newspaper and went back to thinking about Sunny.

When Sunny first came out yesterday, she had been frightened — panicked — but as she got a sense of how Linda was feeling, she stopped being frightened. This might have looked like her calming down, but from inside the mind I realized it was very different. Sunny stopped her feelings cold, a feat no three-year-old should be capable of under any circumstances. Then she calmly waited for whatever Linda would do next. If Linda had struck her, she might have ignored it or become overwhelmed with terror, depending completely on what response she felt Linda wanted. She was also aware that, since she didn't know Linda very well, she was likely to respond inappropriately and would then be liable to severe punishment. But what she decided Linda wanted was a cheerful, friendly little girl, so that was what she seemed. Compliance.

Yes, Casey, I have problems thinking about Sunny and what my life must have been like when I was three.

My family and I decided to go to the mall today. My husband, who knows I'm a multiple, generally prefers to ignore it. (The children don't know.) I haven't told

(continued on page 9)

(MORNING *cont'd***)**

my husband that I'm suicidal, as I'm aware he doesn't want to know that.

At the mall, Sara sees a *Chai* in the window of a jewelry store. It's the Hebrew word for "life", and it would mean a lot to all of us. In her studies Sara has learned how integral to Judaism is the valuing of life. That stands in sharp contrast to our feelings of worthlessness and the casualness with which we contemplate suicide. But the *Chai* is solid gold, and much too expensive. Reluctantly, we pass it by. It seems all too appropriate — life for us has always been costly.

Sara and others are bitterly disappointed about this, which I must publicly treat as unimportant. At lunch I make sure that the kids don't upset my husband and vice-versa, without making my peace-keeping too obvious.

Linda has been encouraging us recently to let ourselves know what we want — a frightening concept for many of us. One four-year-old alter, Joey, had recently been talking to Linda about a memory we'd first recalled months ago. (We'd recalled Mother burying us in a box with a pipe for air, and coming forty-eight hours later to dig us up) and had told her, "You know, I really didn't want Mommy to bury me."

Linda had helped the child alters through their vivid reliving and well remembered the terror it had invoked. What she had not noticed was that during the week or more that we had spent working through the memories and feelings of that terrible time, we had never said we objected. So when Joey made his comment, Linda had merely agreed.

Joey then told her she'd missed the point; that had been a revolutionary statement for us.

"Do you mean to say that you could not mind being buried alive?" Linda practically shouted, scaring Joey.

"We weren't supposed to mind," he replied.

"Not mind being buried alive?"

Joey snapped into a ball at the intensity of Linda's emotions. From that position he squeaked, "Good little girls want to do what their Mommy wants them to do."

Compliance.

We finished lunch at the mall and came home. The children went out to play and I started the laundry. A very ordinary day.

—I wrote this four years ago. Or rather Missy (which is what we called our core personality) wrote it.

Since that time I/we discovered several hundred more alters, divorced the man who didn't want to deal with our problems (and who was abusing us, something Missy kept forgetting,) quit the dead-end part-time job, went to graduate school, and am now starting on a career that promises to be financially rewarding and stimulating.

I have been integrated (with minor interruptions) for two years now, and Jewish for a bit longer than that.

I would probably be moving faster in my career if I didn't need so much time and energy for therapy, which continues, though not at the intensity it did back then. And my kids need me too. It's not always easy. But it's a lot better than it was. **MV**

**Jessica Turner is a pseudonym.*

Thoughts

If someone says "That doesn't sound like you," it probably wasn't.

— Lisa R.

How *MANY VOICES* functions

Some of you have asked about the *MANY VOICES* organization. As editor and publisher, I bear the financial and editorial responsibility for production and contents of the newsletter. I feel better producing something of value, rather than seeking donations to a worthy cause, so gifts to *MANY VOICES* are not solicited, and are NOT tax deductible.

However, although I'm a fairly independent cuss, I'm not off in the woods doing this blindfolded. I am entering my third year of therapy for a dissociative disorder, after years of stop-and-go therapy without the dissociative focus.

In addition to the boundless help and encouragement I've received from my own therapist in launching this project, several other professional specialists, all trained and experienced in the treatment of MPD and dissociative disorders, have agreed to assist me in screening material that will appear in these pages.

I also depend on a handful of wonderful people (many of whom share my "problem") who are ready to screen material, stuff envelopes, help with design, etc. I would never have taken on this project if I had not been certain of assistance from many sources. You know who you are. . .and you know how much I appreciate your kindness and support.

And to the many subscribers who've expressed encouragement and interest: The material you share is the reason *MANY VOICES* will succeed in providing hope and healing. I thank you all.

— Lynn W.
Editor/Publisher

A Life Full of Chaos and Emptiness

By Carol/Jacob

Five years ago we did not know what dissociation was, or what was wrong with us; we only knew that we were becoming more and more unable to adequately deal with life in a consistent manner.

We, through our principle "PIP" as we call ourselves, had for the past 16-17 years been to numerous psychiatrists and had numerous labels put on us, and numerous medications put in us.

At approximately this time, give or take a couple of years, we hit our all-time low. We were hospitalized and heavily medicated by a doctor who then tried to get the father to commit us for long term treatment.

Luckily this did not occur. This hospitalization was very destructive to our system. The most helpful "pip" was traumatized to the point of being virtually functionless.

This was Jeremy, and he had provided the body with a kind of blending aura so that our principle "pip" did not focus on her numerous periods of lost time. That was now gone; plus there was no communication between most of the "pips" and chaos reigned.

The principle "pip", Carol, now began experiencing many blank periods in her day, once she was released from the hospital. She was scared by this and tried to discuss it with her doctor. He simply said not to worry about it, that it was simply her body's defense mechanism for storing away those things that she was not able to cope with.

Her life became more chaotic. This doctor only wanted to talk about medication and long hospital stays. She finally stopped going to him. He was the sixth psychiatrist that she had seen in a period of 13-14 years. She had never trusted or opened up to any of them at all. She simply kept trying different ones, because she knew in her gut that there was something wrong with her.

Life became more and more disjointed. Finally Carol asked a friend of hers who was a psychiatric nurse to recommend a good psychiatrist. That was when our present doctor came into the picture. On the very first session Carol brought up her concerns regarding "lost time," as she put it. This doctor did not ignore her, and was much more thorough in her approach than any other doctor had ever been. She did not put a label on us right away, but said she would have to see us a few times before she would be able to say what might be wrong.

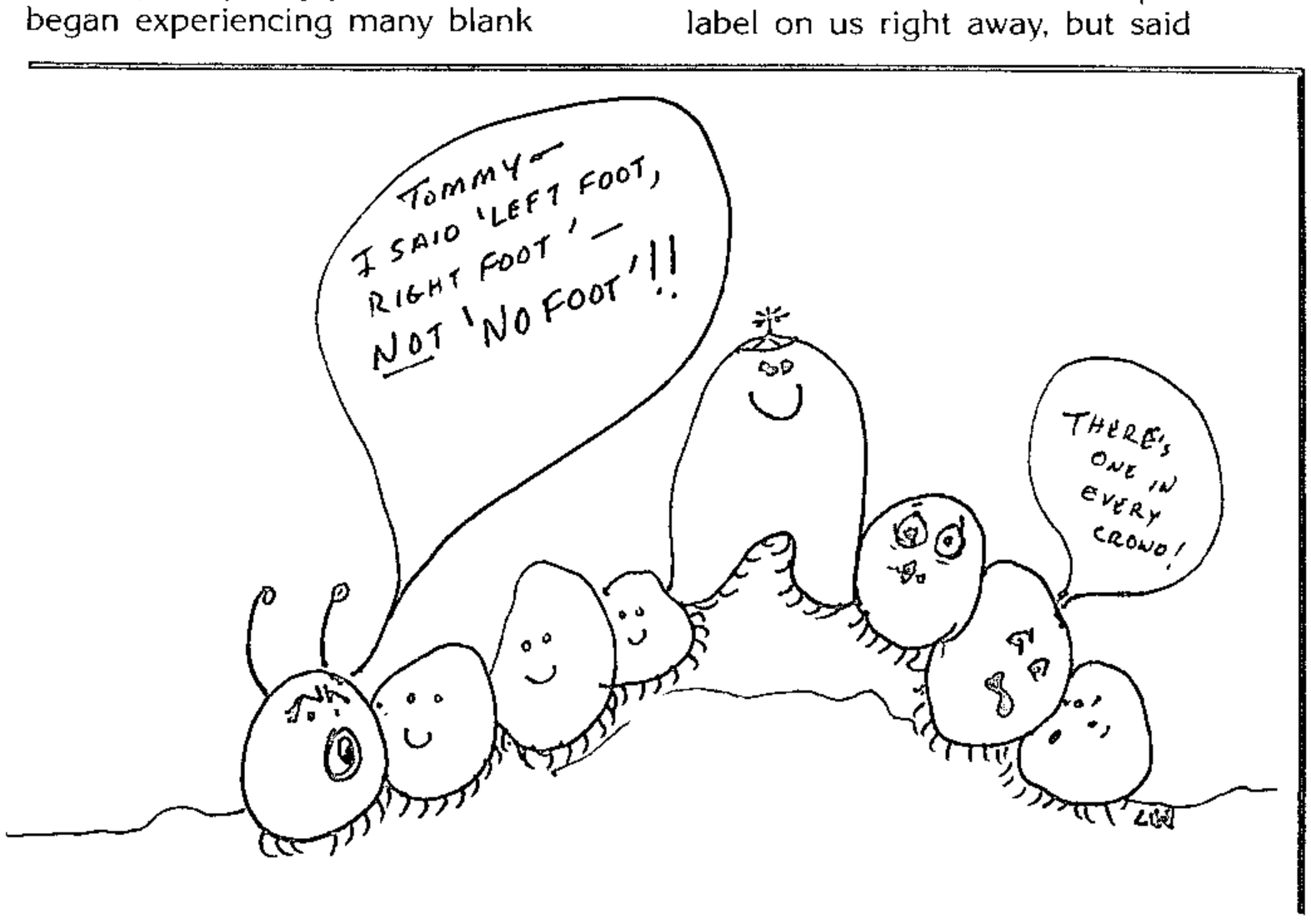
Before starting therapy with this doctor, the most substantial problem for us was the chaos that occured after Jeremy was rendered unable to help. Being functional in society was hard. That hospitalization had labeled us as "sick," and our boss gave us a hard time. There was no one to support us through that, and to tell us we were O.K. But this new doctor supported us.

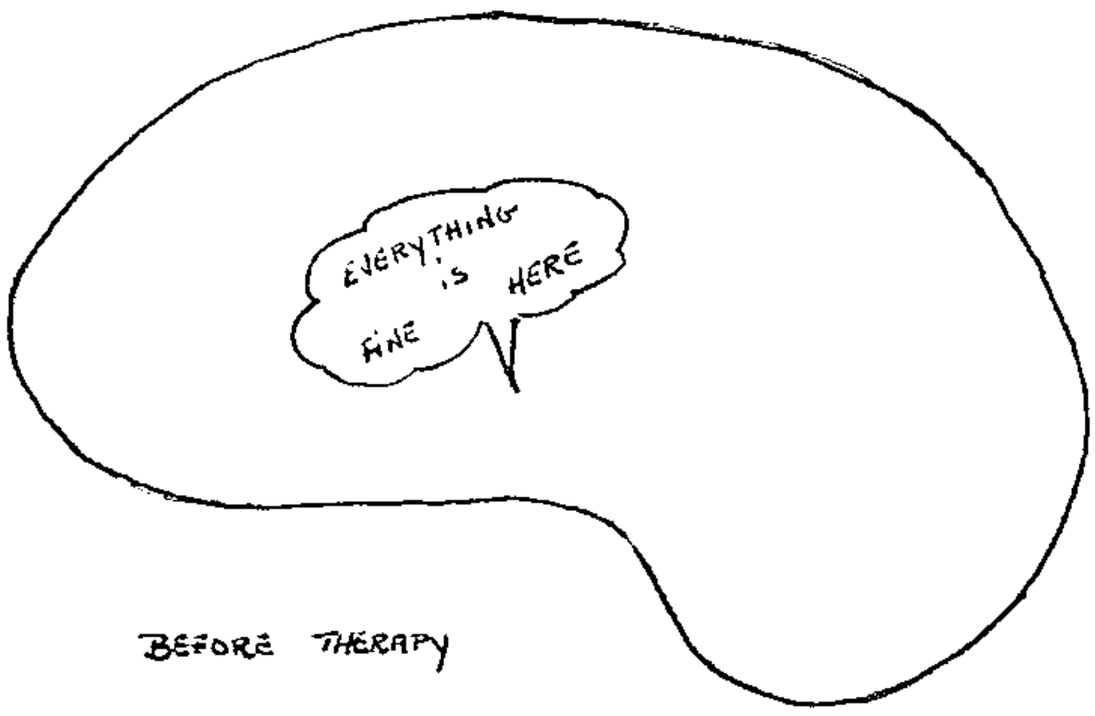
When we were approached with the idea of multiple personality, Carol really held back. She did not want to believe this. But then, she did not want to believe a lot of the things that she was confronted with. Unfortunately, Carol has not had the strength to deal with this whole situation; plus there is not a lot of togetherness inside of us, nor much communication.

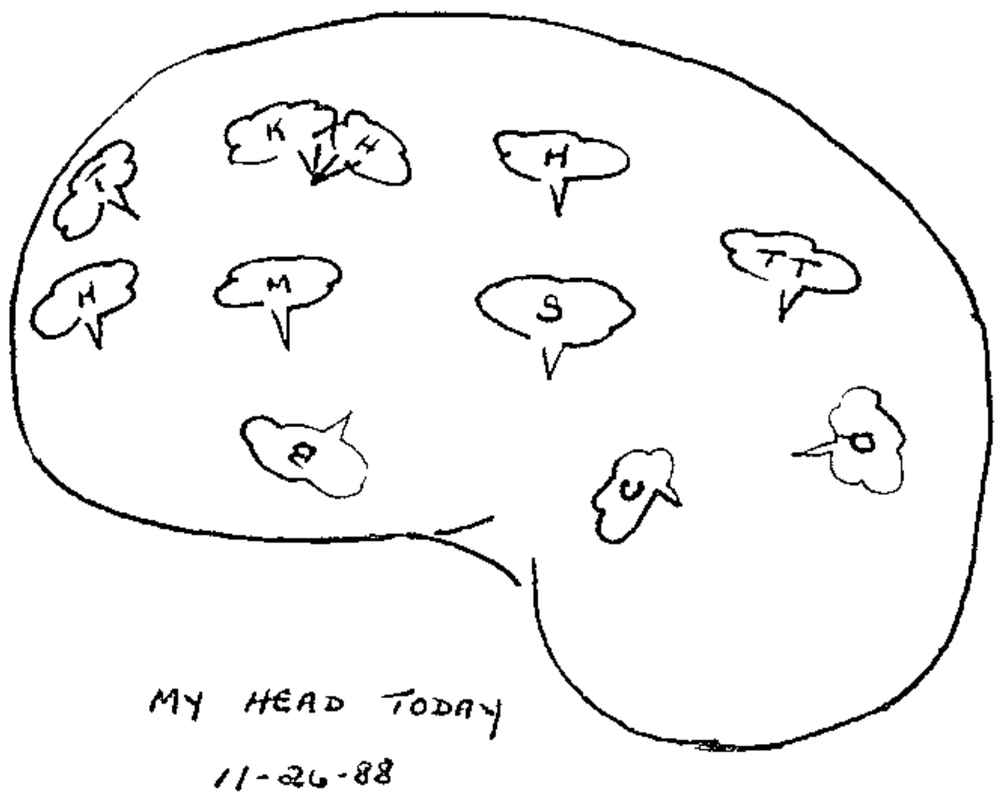
Carol is not at a functional level at this time, but that has made some of the rest of us stand up and take some responsibility. We may not have made much progress in our long time in therapy, but we are still alive and more of us are learning to help the body be functional. We have learned to trust someone and to accept their help. We thank God for giving us a therapist who cares and goes that extra mile when things seem so hopeless.

Maybe the biggest step we have made is that I was able to write this. Much of the chaos was through my mistakes in direction and I beg God to forgive me. Maybe owning up to this is progress. At least we know now that what we have was a defense mechanism for survival. If we were not sick we would probably be dead. I guess that would be worse.

MV







Kirk and Heath for Linda H.

Books

The Courage to Heal

A guide for women survivors of child sexual abuse

By Ellen Bass & Laura Davis. 493 pgs.

© 1988 Harper & Row, Publishers, New York $14.95 paperback

If you were sexually abused as a child, this book is a must. It is wisely and beautifully written, maintains a positive, helpful approach, and is not needlessly graphic in its presentation. The only major disagreement I have is with its subtitle, which specifies "women survivors". I see no reason why male survivors would not also benefit from its sensitive, strengthening message. You can probably borrow it from a library, but I urge you to buy it. I know I wouldn't be without my own copy. I keep a pink bookmark at page 202. There, a box titled "Suicide: Don't kill yourself!" gives excellent advise for those who are battling suicidal thoughts or impulses.

Voices

By Trula Michaels LaCalle, Ph.D. 274 pgs.

©1987 Dodd, Mead & Co., New York. $17.95 hardbound

I'll admit I was biased against this book when I first picked it up. It describes a therapist's experience with her first MPD patient. LaCalle's probably a better therapist than a writer: her characters speak as if they were quoting from the MPD diagnosis in DSM-III. Also, you'll learn who wore pearls and who didn't. (Who cares!) And there's more of the "Gosh gee whillikers, is this a REAL one?" for my taste — as if MPD is terribly odd, terribly exotic, and *fascinating.* (It isn't glamorous. It's a pain in the ass.)

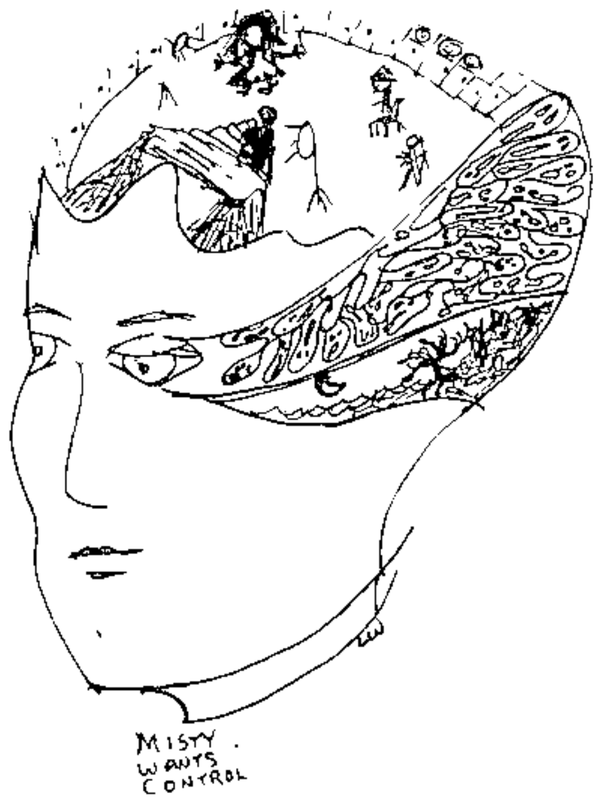
It's sad to realize how little info professionals had as recently as 1980. Most of us clients had already been living with MPD for many years at that point. It's about *time* someone figured out what's going on in our heads.

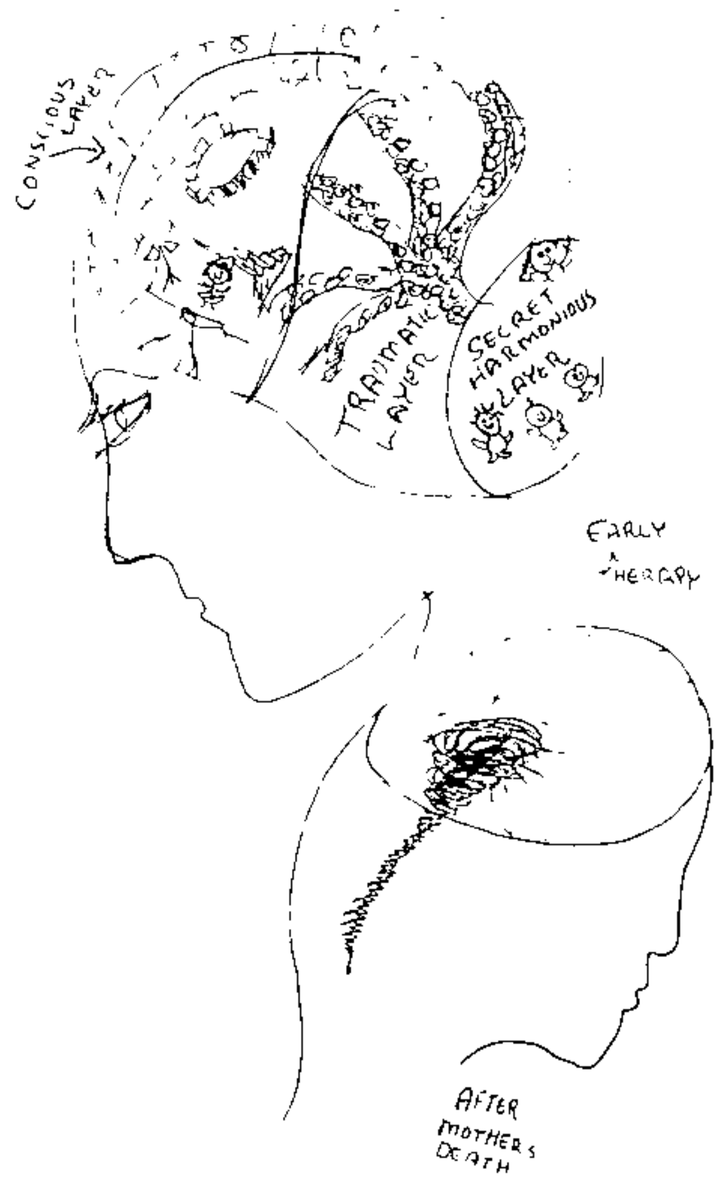
But gripes aside, overall I liked this book. LeCalle's treatment instincts seem appropriate. Her facts are often useful. Her personal family dilemmas as she struggled through this experience may ring true for other therapists.

My favorite passage is on page 217, where LaCalle gives her definition of a whole person: *"Being aware . . . of all parts of myself, not shutting down feelings, not operating solely on intellect, but maintaining a balance with emotions. It meant self-trust. It meant utilizing all my natural elements: reason, passion, lust, survival instincts, spirituality, curiosity, sociability, protectiveness, possessiveness . . . to live in the present, accepting my past as part of myself, and knowing the future would come in its own time, and I would deal with it as it came."*

With work, perhaps *all* of us can experience that way of life.

— LW





August 1989

What was the bravest thing that you've done so far, in therapy or daily life? Tell us how you found the courage to do it. Describe how you felt when you succeeded. ART: Draw the strongest part of you and (if you wish) name it. DEADLINE for submissions: June 1, 1989

October 1989

What do you do if a child part comes out inappropriately, on the job or in a public place? Are there ways to sense that he/she is coming to take control? How do you comfort your 'children?' ART: Draw the child part(s) of you and their favorite things. DEADLINE for submissions: August 1, 1989

December 1989

What meditative or relaxation methods work best for you? How often do you use them? ART: Draw what you see when you meditate. DEADLINE for submissions: October 1, 1989

(see page 1 for April, June)

Share with us!

Prose, poetry, and art are accepted on upcoming issue themes, (and even on NON-themes, if it's really great.) DO send humor, cartoons, good ideas, and whatever is useful or helpful to you. Please limit prose to about 4 typed double-spaced pages. Line drawings (black on white) are best. We can't possibly print everything. Some pieces will be condensed, but we'll print as much as we can. Please enclose a self-addressed stamped envelope for return of your originals, and a note giving us permission to publish and/or edit or excerpt your work.

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